

Tempe Villages HOA  
c/o VISION Community Management  
16625 S. Desert Foothills Parkway  
Phoenix, AZ 85048  
phone: 480-759-4945 fax: 480-759-8683  
TempeVillages@WeAreVision.com  
Pool/Bathroom Key Form

Homeowner Name(s)

Property Street Address

**COMPLETE IF OWNER'S MAILING ADDRESS IS NOT PROPERTY STREET ADDRESS:**

Mailing Street Address

Mailing City, State, Zip, Country

**Please choose one option from the following:**

- I (the Homeowner) will pick up the key at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- My Tenant will pick up the key at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- My Authorized Agent will pick up the key at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- Please send the key to the above **mailing address** via certified mail. I have included a check or money order for the **\$15.00 processing fee** for this service.

**Please provide information for either the Tenant or your Authorized Agent for key to be released to.**

**Key may be released to the following Tenant:**

**Authorized Tenant's Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Key may be released to the following Authorized Agent:**

**Authorized Agent's Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**PHOTO IDENTIFICATION WILL BE REQUIRED**

**Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Office Use Only**

Key(s) Issued: \_\_\_\_\_ Administrator Initials: \_\_\_\_\_ Other: \_\_\_\_\_